

2. LICENSE INFORMATION.

Please provide all trade and professional licenses required for you to perform your services:

| Type of License/Name of License | State | License Number |
|---------------------------------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. ORGANIZATION. Please indicate your firm's legal structure:

3.1 This firm is a: () C Corporation () S Corporation () Partnership
() Sole Proprietor () Limited Liability Company

3.2 Date Founded _____ State of Formation _____

3.3 Federal Employer Identification Number: _____

3.4 Corporate Officers:

1) Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

1) Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

1) Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

4. WORK CLASSIFICATION.

4.1 Please tell us what trade (s) your company specializes in: (drywall , electrical, etc.)

4.2 Wage Scale work (Check one)

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Perform Wage Scale work only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do not perform Wage Scale work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Both Wage Scale & Non Wage Scale work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4.3 Labor Affiliation (Check one)

- | | | |
|------------|------------------------------|-----------------------------|
| Union shop | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Open shop | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Both | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4.4 Geographic Preferences (check all that apply)

- | | | |
|-----------------------|------------------------------|-----------------------------|
| Washington DC Metro | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Northern VA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Central / Southern VA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Southern MD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Western MD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Delmarva Peninsula | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Baltimore Metro | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____ | | |

4.5 Market Preference(s) Check all that apply:

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Federal / Government | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Local / Civic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interiors / Tenant fit out | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Healthcare | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Industrial | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Educational | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Religious Institutions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retail | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restaurants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____ | | |

4.6 Disadvantaged, Minority, Women, Small, Veteran, Disabled Veteran and Hub Zone Business Enterprises.

USGC performs federal, state, city and local public work and fully supports legislation pertaining to the utilization of Disadvantaged, Minority, Women, Small, Veteran, Disabled Veteran and Hub Zone Business Enterprises in construction.

IDENTIFICATION OF THE TYPES OF BUSINESS

US General Contracting fully supports legislation pertaining to the employment of Disadvantaged, Women, Small, Disabled Veteran and Hub Zone Small Business Enterprises in construction.

Under Federal, State, City and Local requirements, we are required to know the classification of your company. Each classification is listed below with a brief explanation. **Please check \checkmark all the appropriate boxes that apply which identifies your company and return this form to us.**

- SMALL DISADVANTAGED BUSINESS ENTERPRISE** - A Small Business Concern as defined under Item 3 below and which is owned and controlled by socially and economically disadvantaged individuals. The term "Small Business Concern owned and controlled by socially and economically disadvantaged individuals" means a Small Business Concern

that is at least 51 percent unconditionally owned by one or more socially and economically disadvantaged individuals; or, in the case of any publicly owned business, at least 51 percent of the stock of which is unconditionally owned by one or more socially or economically disadvantaged individuals; and

whose management and daily business operations are controlled by one or more such individuals.

Subcontractor/Supplier shall presume that socially and economically disadvantaged individuals include Black Americans, Hispanic Americans, Native Americans (such as American Indians, Eskimos, Aluets, and Native Hawaiians), and other minorities or any other individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8(a) of the Small Business Act. (Must be certified through SBA see website www.sba.gov)

- WOMEN SMALL BUSINESS ENTERPRISE** - Same as Small Business Enterprise (below), except a women owned and controlled business whose management and daily business operations are controlled by one or more women.

- SMALL BUSINESS ENTERPRISE** - A firm is generally considered such if its average annual receipts for its preceding 3 fiscal years do not exceed \$12 million for Special Trades Contractors and \$28.5 million for Heavy Construction, pursuant to the governing regulations of the Small Business Administration (13 CFR Part 121 and FAR Part 19). (Must be certified through SBA see website www.sba.gov/size)

- WOMEN-OWNED LARGE BUSINESS ENTERPRISE** - Women -owned and controlled business whose management and daily business operations are controlled by one or more women (not a small women-owned business). Exceeds the size standard of Small Business Concern (See Small Business Enterprise above).
- LARGE BUSINESS ENTERPRISE** - Any business that exceeds the Small Business Concerns criteria.

5. WORK EXPERIENCE.

- 5.1 What is your average job size: \$ _____
- 5.2 What is your largest job size: \$ _____
- 5.3 What is your backlog:
 - (i) as of last financial statement: \$ _____
 - (ii) as of today: \$ _____
 - (iii) as of 12 months ago: \$ _____

6. BONDING CAPACITY.

- 6.1 Is Bidder able to provide bid, payment and performance bonds? Yes No
- 6.2 Single Project Limit: \$ _____ Aggregate Limit: \$ _____
- 6.3 Bonding Company: _____
- 6.4 Address: _____
- 6.5 Agent Contact: _____ Phone: _____
- 6.6 Date, amount and type of last bond issued: _____
Bond rate: _____
- 6.7 When you return this form, please include a Financial Analysis of your company.

7. COMPANY REFERENCES.

1) Project Name _____
Contract Amount \$ _____
GC _____
GC Contact Name _____
GC Contact Phone _____

2) Project Name _____
Contract Amount \$ _____
GC _____
GC Contact Name _____
GC Contact Phone _____

3) Project Name _____
Contract Amount \$ _____
GC _____
GC Contact Name _____
GC Contact Phone _____

8. ADDITIONAL INFORMATION.

8.1 Current Projects:

| <u>Project name</u> | <u>Value</u> |
|---------------------|--------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

8.2 Please list any additional information that you feel will help us determine your firm's qualifications and expertise: _____

8.3 Please complete the following W-9 form and return it with this package.